

Name
in
Full

CERTIFICATE OF DEATH

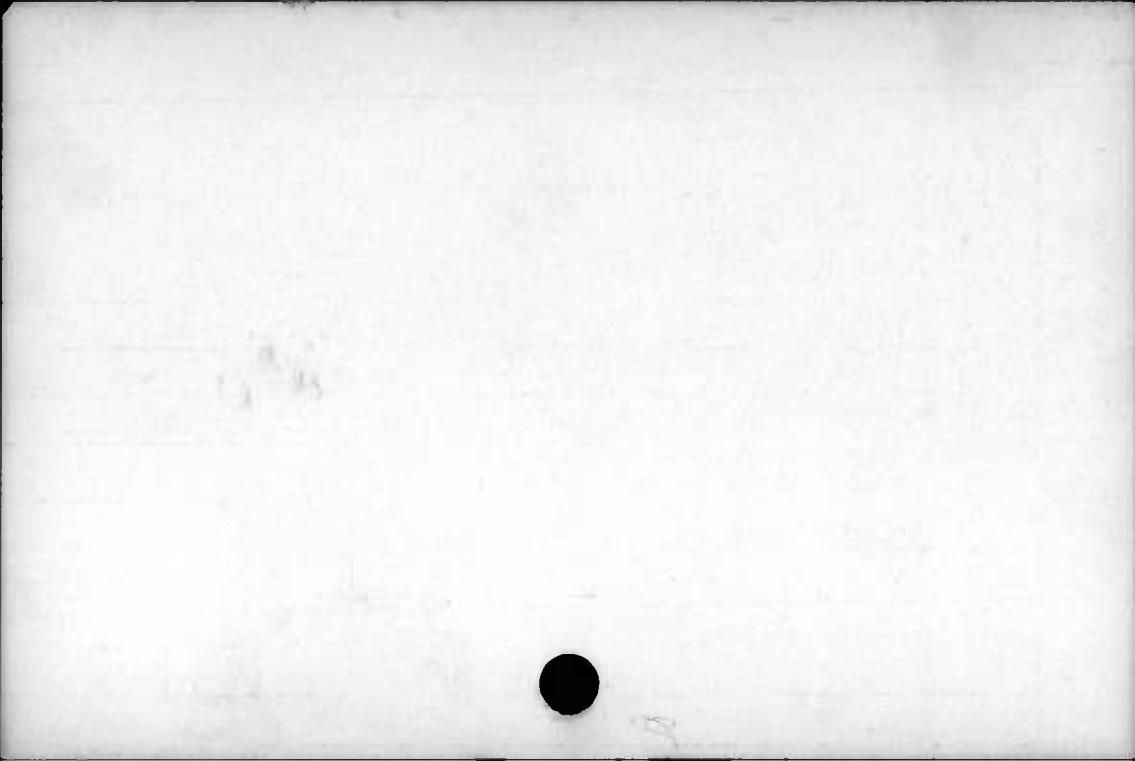
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband				167			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Death result of falling in tub	How long	24 hours
Immediate	Convulsions	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Accident	



Name
in
Full

CERTIFICATE OF DEATH

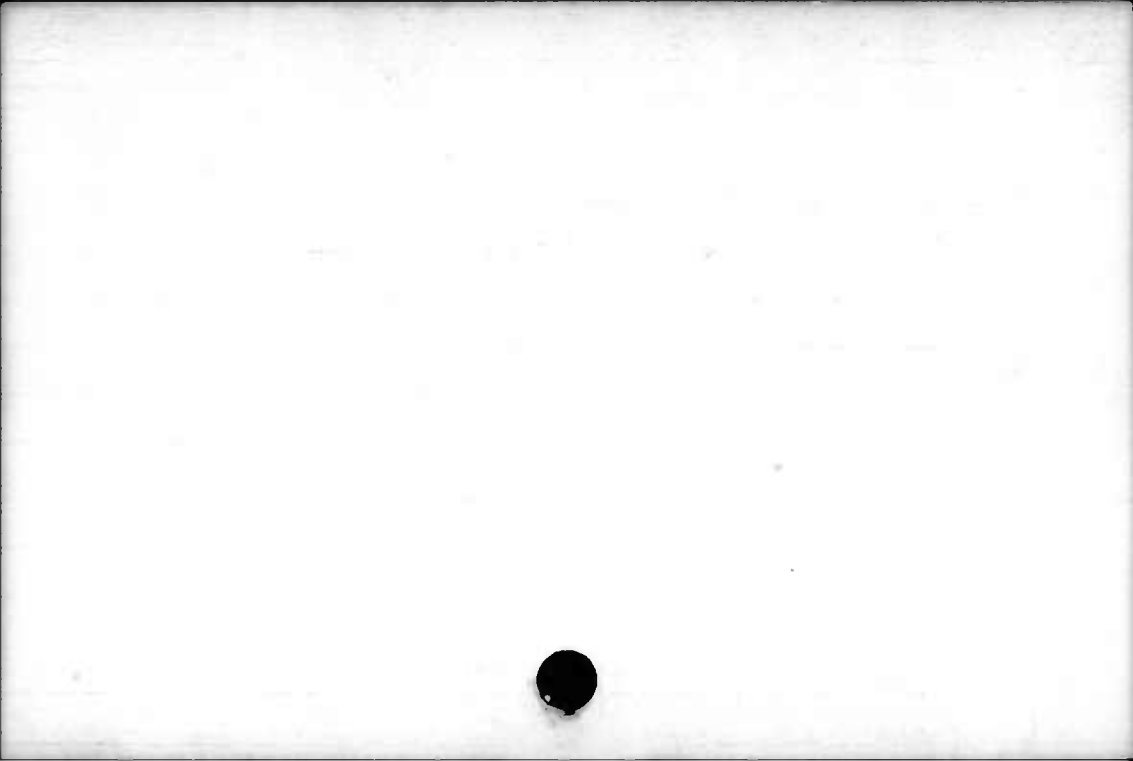
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>loysius B Beudel</i>				County <i>Alleghany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Town <i>Cumberland</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Date of death <i>1902</i>	Month <i>12</i>	Day <i>24</i>	Age <i>38</i>	Years <i>38</i>	Months <i></i>	Days <i></i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kentucky</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Tender of Coal tipples</i>					
Name of Wife or Husband <i></i>							
Father's Name <i></i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>166</i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident</i>	How long <i>48 hours</i>
Immediate <i>Cerna</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E.B. Claybrook</i>
	Address <i>Cumberland</i>
Accident on <i>Dec 24 1902</i>	



Name in Full

Certificate of Death

Abraham

Bridges

Town

County

Burrallsville

Alleghany

MARYLAND

Died at

Date 1902

Dec 19

Age 57

Y. M. D.

Native of

Occupation

America Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~Colored~~Single~~~~Widower~~

Number of children living

8

Husband

of

~~Wife~~

Father's

Name

Margaret Elliott

Mother's

Name

93

Cause of

Primary

Suppression urine

How long sick

3 day

Death

Immediate

Lobar pneumonia

Accident, Suicide, Homicide

Reported by

Edward Quotles M.D.

Address

Mt Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

j



Name
in
Full

Miss Eva Brode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vale Summit</i> Town <i>Collegeny</i> County		MARYLAND	
Date of death 190 <i>2 Dec 2</i>	Month <i>6</i>	Day <i>6</i>	Age <i>15</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	Months <i>1</i> Days <i>6</i>
Married, Single or Widowed <i>Single</i>	Occupation <i>School - Girl</i>		
Name of Wife or Husband <i>Ada Brode</i>			
Father's Name <i>Mr Francis Brode</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Ada Benjamin</i>		Mother's Birthplace <i>Idaho</i>	
Name of person giving information <i>Mrs Ada Brode</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

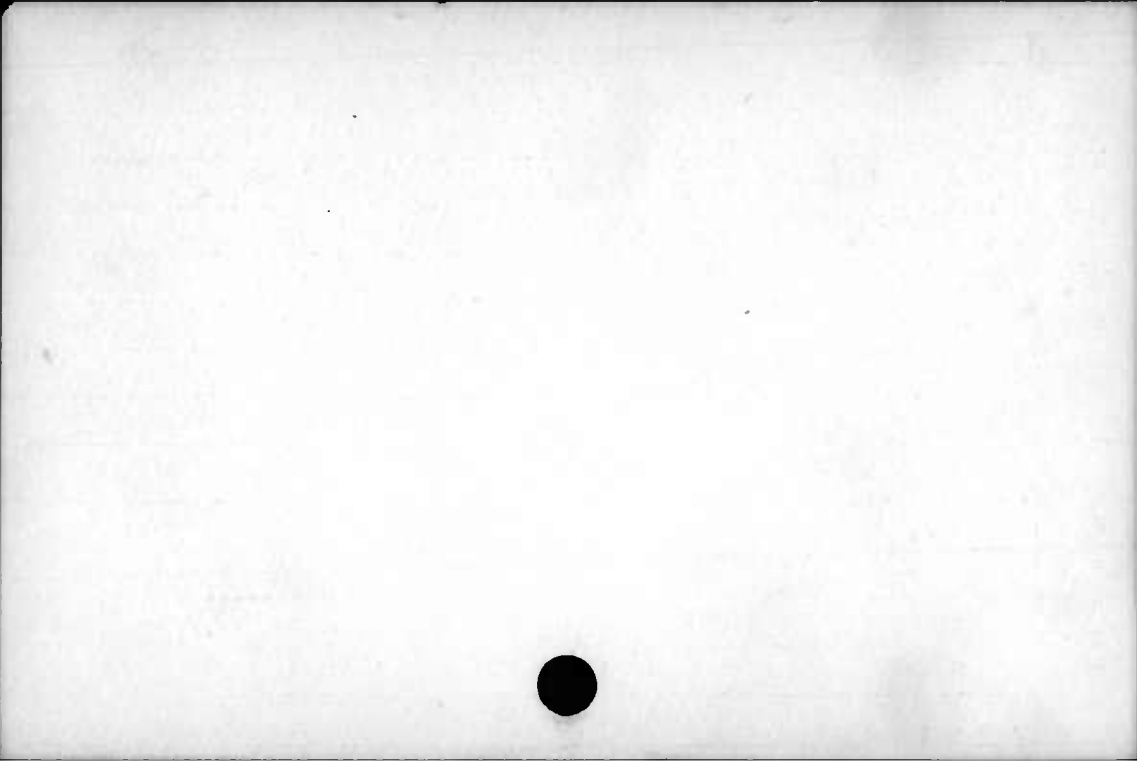
Primary <i>acute Rheumatic fever with excessive hyperpyrexia</i>	How long
Immediate <i>Pericarditis</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Howard M.D.</i>
<i>Yes</i>	Address <i>Vale Summit Maryland</i>
Accident or Suicide? <i>—</i>	

Valle Summit
to

Edenham, Banjara

G. O. M.

Name in Full Rhoda Buckholtz		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Lonaconing Town		Alleghany County		MARYLAND
	Date of death 190 2	Month Dec	Day 25	Age — Years	Months 2 Days —
	Sex Female	Color or Race White		Birth-place Lonaconing	
	Married, Single or Widowed Single		Occupation none		
	Name of Wife or Husband —				
	Father's Name Charles Buckholtz		Father's Birthplace Germany		
	Mother's Maiden Name Elizabeth Wilson		Mother's Birthplace Franklin Md		
Name of person giving information Mrs Chas Buckholtz		How related to deceased Mother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Capillary Bronchitis		How long 2 days		
	Immediate Menigitis		How long 24 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. B. Skilling		
			Address Lonaconing		
Accident or Suicide? —					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerville</i>		Town <i>Summerville</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1902	Month <i>Dec.</i>	Day <i>25</i>	Age	Years <i>61</i>	Months <i>9</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Pa.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Manager Milling Co.</i>				
Name of Wife or Husband <i>Mary Cook</i>							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving in formation <i>James Cook</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66.</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>		<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Brown, M.D.</i>	
	Address <i>Summerville</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Eliza Cowden

Died at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date of death 190 ^{Month} 2 ^{Day} Dec ^{Year} 3 ^{Age} 86 ^{Months} - ^{Days} -Sex ~~Male~~ Female Color or Race white Birth-place Pittsburgh Pa

Married, Single or Widowed widow Occupation housework

Name of ~~Wife~~ Husband Cowden

Father's Name Alexander Park

Father's Birthplace Pittsburgh Pa

Mother's Maiden Name do not know.

Mother's Birthplace " "

Name of person giving information Jos. Griffith

How related to deceased Grandson

CAUSES OF DEATH 154

PHYSICIAN
OR CORONER

Primary Infinites of age

How long in bed room 2 weeks

Immediate Exhaustion

How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. S. Dune

Address Cumberland

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

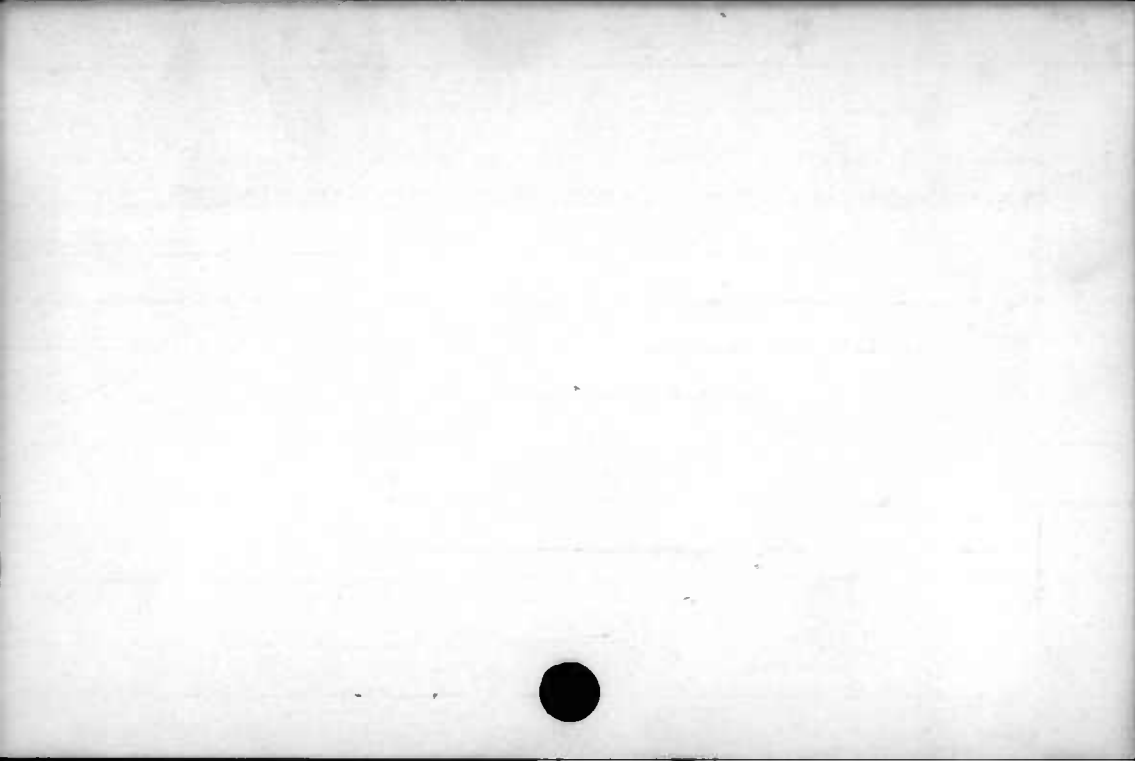
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Dec</i> <small>Day</small>	<i>4</i> <small>Years</small>	Age	<i>1</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge Md</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>J. C. Conner</i>		Father's Birthplace <i>151</i>			
Mother's Maiden Name <i>Herron</i>		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Primative birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. L. Hodges</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

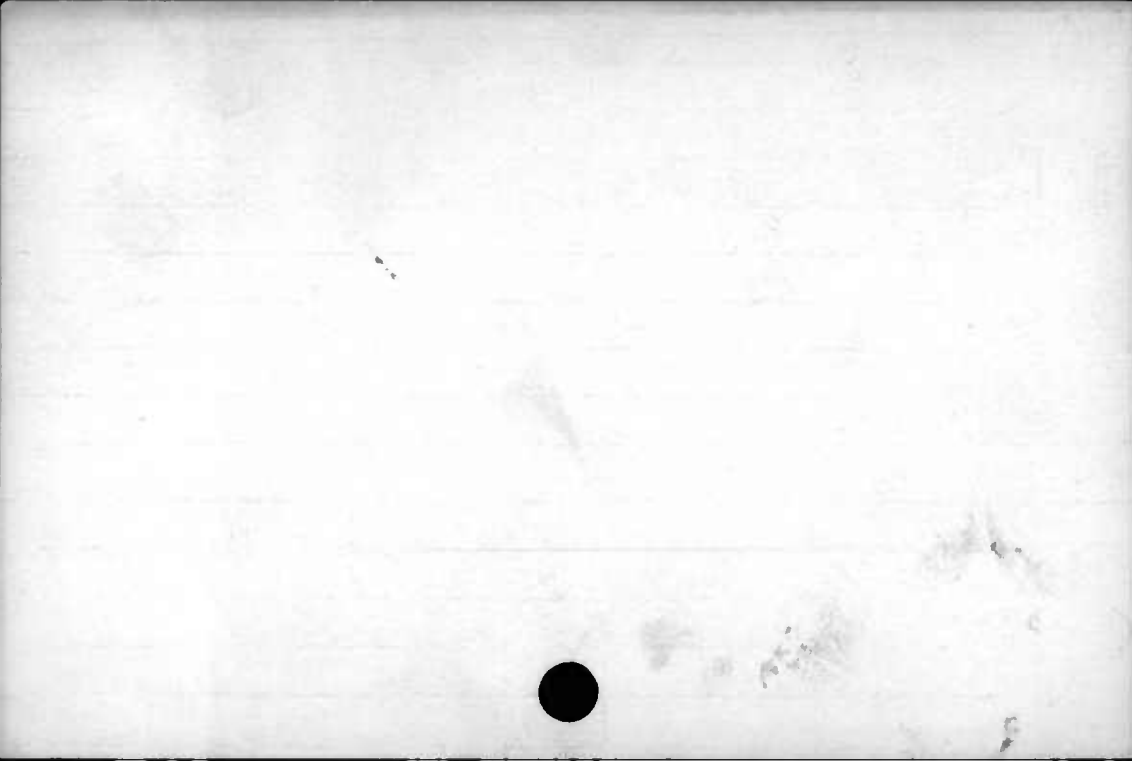
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Allegany</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Dec.</i>		Day <i>4</i>		Age <i>Years</i>		Months <i>Days</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumt. Md</i>					
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>									
Father's Name <i>J. C. Carter</i>				Father's Birthplace <i>Jarvis</i>					
Mother's Maiden Name <i>Henriette</i>				Mother's Birthplace <i>—</i>					
Name of person giving information				How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>151</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Hodgson</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Alfred Davis
 Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland Allegany*

Date 19*02* Dec *2d* Age *66*

Month Day Y. M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced
 Female Colored ~~Single~~ Widower Number of children living

Husband of
 Wife
 Father's Name Mother's Maiden Name

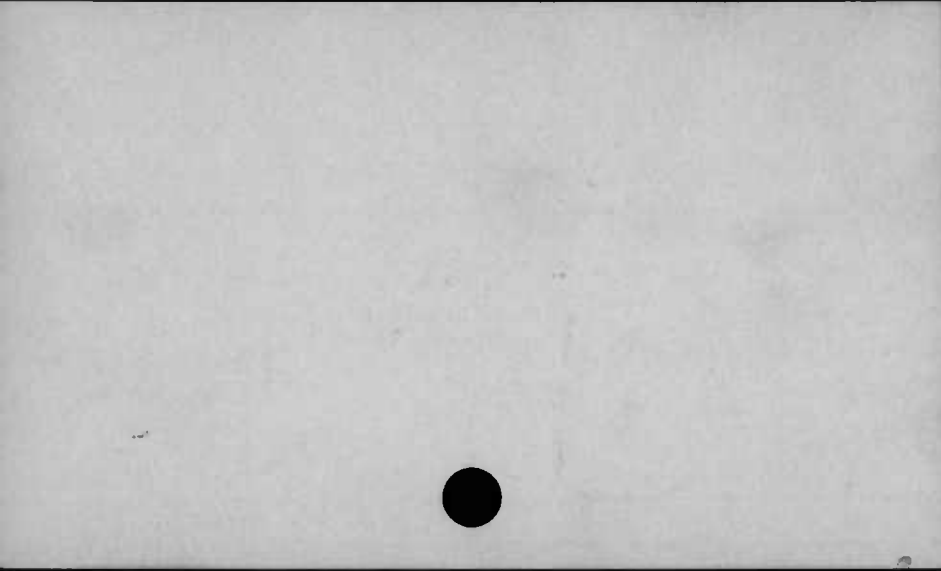
Cause of Death { Primary *Paralysis*
 Immediate *dehility* } *66*

How long sick *13 days*
 Accident, Suicide, Homicide

Reported by *Dr B C Miller*

Address *Cumberland Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Perry Deal
 Town County

Almshouse *Allegheny*
 Month Day Y. M. D. Native of

MARYLAND

Age 77.
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

Paralysis
Exhaustion

How long sick

Two years
~~Accident, Suicide, Homicide~~

J. M. Spear



Frank L. Wecker-

Town

County

Died at

Cumberland

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Dec 12

Age

57

-

-

Cumberland

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

12 days

Death

Immediate

Pneumonia

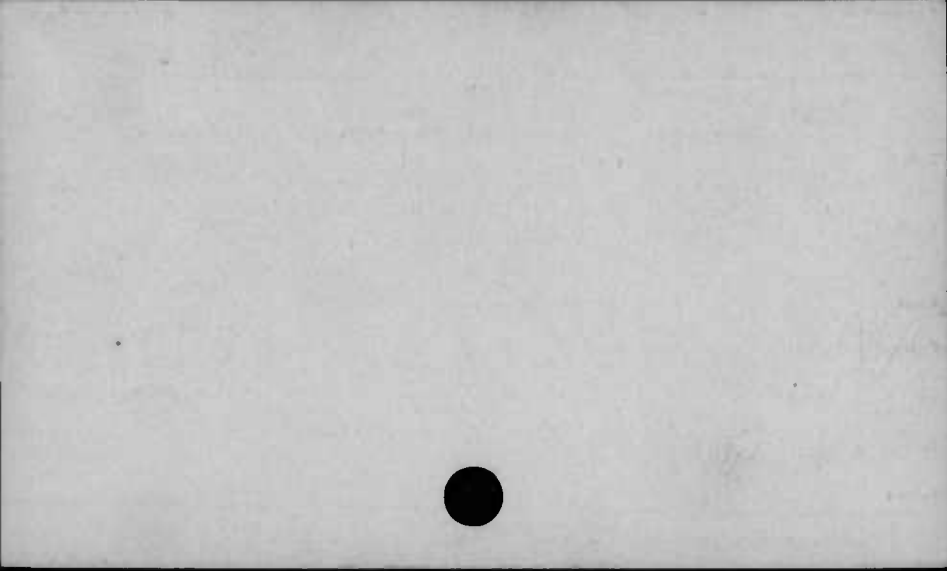
~~Accident, Suicide, Homicide~~

Reported by

E. B. Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		John Denning				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lonaconing	County Allegany	MARYLAND	
		Date of death 1902	Month Decr.	Day 17 th	Years 59	Months 9	Days 18
		Sex Male	Color or Race White		Birth- place Scotland		
		Married, Single or Widowed Married		Occupation Stable Boss			
		Name of Wife Husband Jane Houston					
		Father's Name John Denning 45		Father's Birthplace Scotland			
		Mother's Maiden Name Jane Caldwell		Mother's Birthplace Scotland			
		Name of person giving In formation Jane Denning		How related to deceased Wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Cancer of Bladder			How long One year		
		Immediate Dilatation			How long 2 months		
		Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician E. B. Skilling		
					Address Lonaconing		
		Accident or Suicide?					



Name
in
Full

2 Lefter Doorman

CERTIFICATE OF DEATH

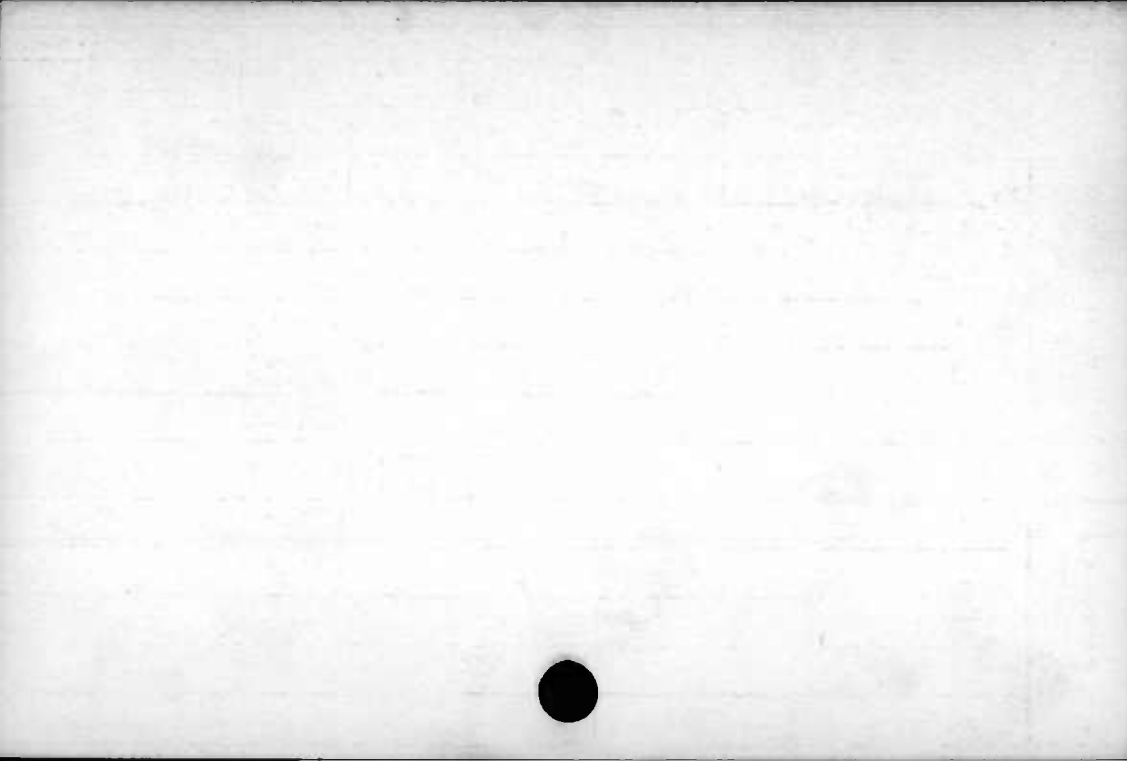
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i> ^{Town}		<i>allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>4</i>	Age <i>16</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lumberton Md</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>School Girl</i>		
Name of Wife or Husband					
Father's Name <i>George Doorman</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>27</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lung's</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. W. Frawson</i>
	Address <i>Lumberton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Fether's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

L. F. Nichols.
Gen. Lathrop.

Name
in
Full



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>8th</i>	Age <i>2</i> Years	Months <i>7</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Midland,</i>		
Married, Single, or Widowed			Occupation <u> </u>		
Name of Wife or Husband					
Father's Name <i>George Flannigan</i>			Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name			Mother's Birthplace <i>Ohio</i>		
Name of person giving information <i>Father, 167</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scalded by Hot Water</i>	How long <i>some hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. E. Adelsinger</i>
	Address <i>Midland, Md.</i>
	
Accident or Suicide?	



Name
in
Full

Russell Gaiter

CERTIFICATE OF DEATH

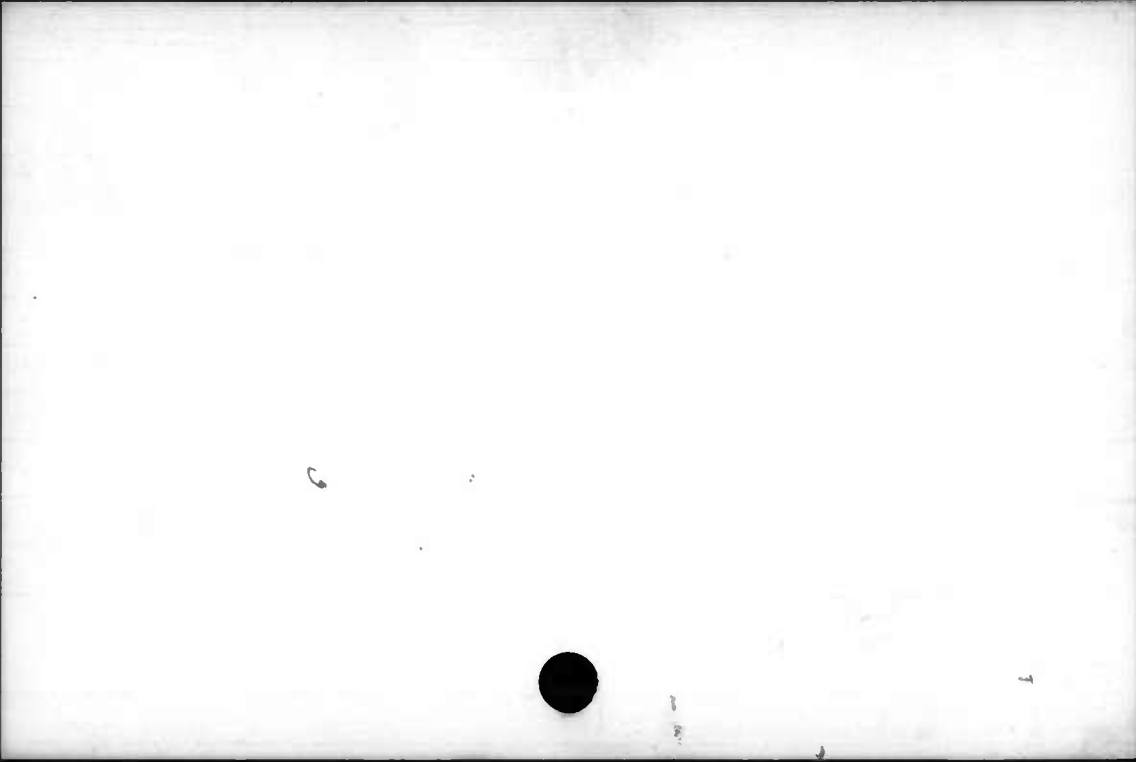
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		County		Alligany		MARYLAND	
Date of death 1902	Month Dec	Day 8	Age	Years 38	Months	Days			
Sex		Male		Color or Race		Calond		Birth- place	
Married, Single or Widowed		Married		Occupation		Laborer			
Name of Wife or Husband		Don't know							
Father's Name		"		"		Father's Birthplace		—	
Mother's Maiden Name		"		"		Mother's Birthplace		—	
Name of person giving In formation		Thomas K. Swin		How related to deceased		Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia with effusion	How long	14 months
Immediate	Empyema right side	How long	5 or 6 mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur H. Hawkins
		Address	Cumberland,
Accident or Suicide?	no		no



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

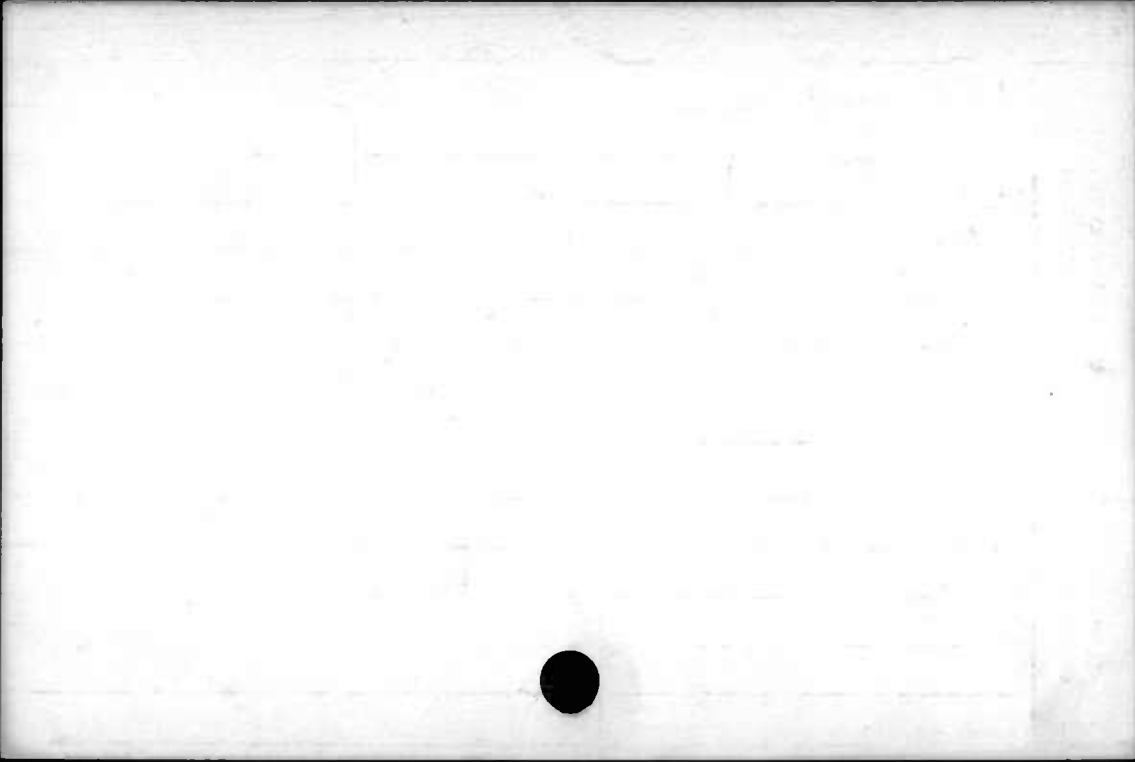
CERTIFICATE OF DEATH

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>20</i>	Age <i>83</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mary Halderman</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary <i>Neuralgia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>—</i>	<i>MA</i>

PHYSICIAN
OR CORONER



Name
in
Full

John Hoskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Frostburg</u> Town			<u>Allegany</u> County		
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>1</u>	Age <u>77</u>	Years	Months <u>4</u>
Sex <u>M</u>	Color or Race <u>white</u>			Birth-place <u>Scotland</u>	Days <u>4</u>
Married, Single or Widowed <u>Married</u>			Occupation <u>Merchant</u>		
Name of Wife or Husband <u>Elizabeth Hoskins</u>					
Father's Name <u>—</u>				Father's Birthplace <u>Scotland</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>"</u>	
Name of person giving information <u>Chas. Decker</u>				<u>154</u> How related to deceased <u>Son in law</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>"Red Ague" - Break down</u>	How long <u>2 yrs.</u>
Immediate <u>Found dead</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. B. Price</u>
	Address <u>Frostburg Md.</u>
Accident or Suicide? <u>—</u>	

6. Fr. 7
alley

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Shostburg</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
	Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>31</i>	Age <i>21</i> Years	Months <i>7</i> Days <i>—</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
	Married, Single or Widowed		Occupation <i>Child</i>			
	Name of Wife or Husband					
	Father's Name <i>Richard L. Jones</i>			Father's Birthplace <i>Penna</i>		
	Mother's Maiden Name <i>Lulu Jeffries</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Jetho Jeffries</i>			How related to deceased <i>Uncle</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>		How long <i>12 Days</i>			
	Immediate <i>Heart Failure</i>		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. O. M. Lane M. D.</i>			
			Address <i>Shostburg Md.</i>			
<input checked="" type="checkbox"/> Accident or Suicide?						

to Mr. Tucker

Alleg

Albert Roy Knotts,
 Town County

MARYLAND

Died at Cumberland

Month Day

Y. M. D.

Native of

Occupation

Date 19 02 Dec.

1

Age 3 6 25

Md.

None,

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name Steven E. Knott

Maiden Name

Mary E. TAYLOR.

Cause of Primary Chronic Nephritis

120

How long sick

4 Days,

Death Immediate Exhaustion from Urine Coma

~~Accident, Suicide, Homicide~~

Reported by

Address

100 Va. Ave.

Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Faint handwritten notes)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loar Town</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Dec.</i> ^{Month}	<i>13</i> ^{Day}	<i>72</i> ^{Year}	<i>3</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>House Wife</i>				
Name of Wife or Husband <i>John Loar</i>					
Father's Name <i>Jacob Loar</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Marguerate Long</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Henry Loar</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>Six week</i>
Immediate <i>Hemiplegia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. S. Howard M.D.</i>
	Address <i>Wile Summit Maryland</i>
Accident or Suicide?	

Dele Simon

SM

Name in Full

~~Child of James R. Mc Bee,~~

MARYLAND

Died at Town Cumberland County Allegany

Date 1902 Month 12 Day 10 Age Y. - M. - D. 20 Native of Ind. Occupation _____

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 1

Husband of _____
 Wife _____

Father's Name James R. Mc. Bee Mother's Name _____
 Maiden Name _____

Cause of Death { Primary Gastro enteritis 10/1 How long sick about 3 days.
 Immediate _____ Accident, Suicide, Homicide _____

Reported by A. S. Wailes

Address Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Malloy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 190 <i>v</i>	<i>Dec</i> ^{Month}	<i>8</i> ^{Day}	Age <i>23</i> ^{Years}	<i>8</i> ^{Months}	<i>26</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing, Md</i>	
Married, Single or Widowed			Occupation <i>Miner</i>		
Name of Wife or Husband					
Father's Name <i>Thomas Malloy Sr.</i>			Father's Birthplace <i>England.</i>		
Mother's Maiden Name <i>Margaret M^a Ginn</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>166</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by Fall of coal in mine.</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E.E. Adelsberger</i>	Address <i>Midland, Md.</i>
Accident or Suicide?			



Name
in
Full

Theodore A. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frostburg

County

Allegheny

MARYLAND

Date

Month

Day

of death 190

2

12

12

Age

Years

56

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Winchester Va

Married, Single
or Widowed

Occupation

Carpenter

Name of Wife or
Husband

Catherine Miller

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

C.A. Smutz

79

How related
to deceased

Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Did not see deceased until after death.
Cause of death was heart disease Died Suddenly

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H.O. McLane

Address

Frostburg Md

Accident or Suicide?

C. F. Nickel,

Allegheny.

Name in Full

Certificate of Death

G Moore
 Town County
 Died at *Cumberland Allegany* MARYLAND
 Date 19 *Dec* 19 *19* Age *27*
 Male White ~~Married~~ Widowed
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Lucretia Keagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>24</i>	Age <i>54</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Wh</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Domestic of Assn. Sec.</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion Acute</i>	How long <i>2 hours</i>
Immediate <i>Paralysis of heart</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. F. Turgg</i>
<i>9</i>	Address <i>Cumberland, Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

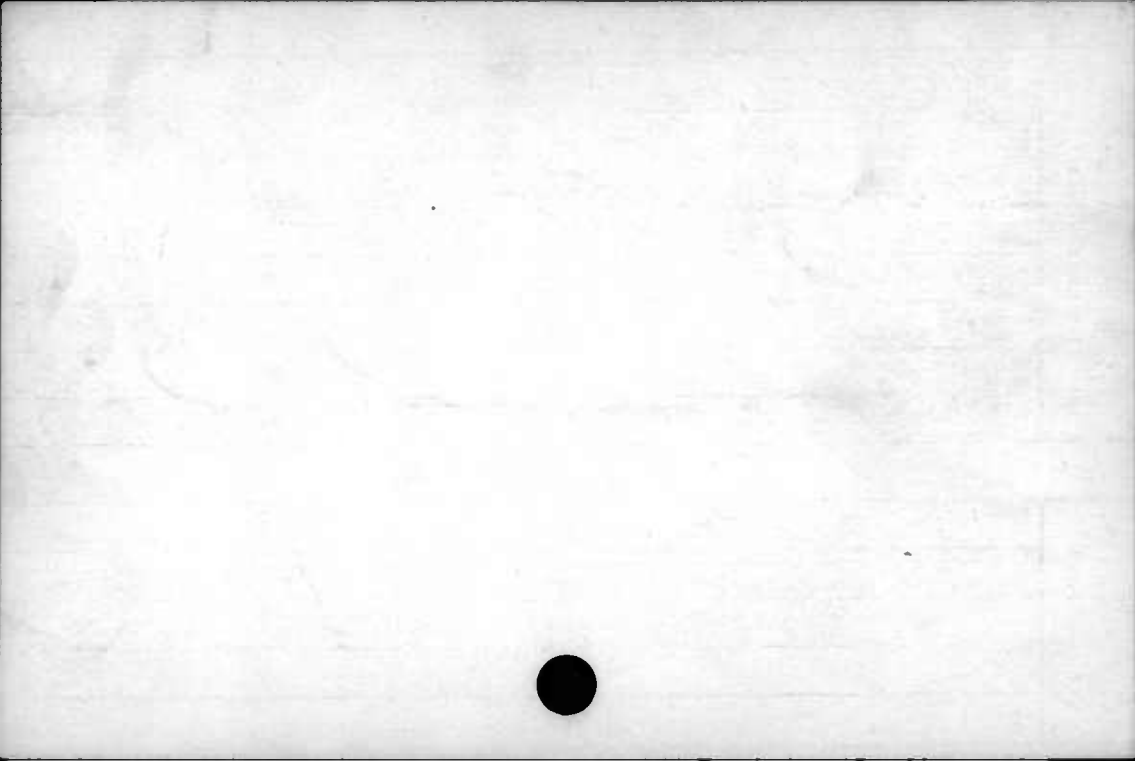
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 190	2	Month	12	Day	15	Age	56
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Allegany Co</i>		Months	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Painter</i>				Days	
Name of Wife or Husband							
Father's Name <i>Don't Know</i>				Father's Birthplace			
Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace			
Name of person giving information <i>J. O. Rodney</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular insufficiency</i>	How long <i>1 yr</i>
Immediate <i>Gangrene</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. O'Leary M.D.</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Gibbs

Died at *Burrhead* Town

Allegheny County

MARYLAND

Date
of death 1902

Month
Dec

Day
18

Age
84

Months
—

Days
—

Sex
Male

Color or
Race
White

Birth-
place
Pa

Married, Single
or Widowed
Married

Occupation
—

Name of Wife or
Husband
—

Father's
Name
—

Father's
Birthplace
—

Mother's
Maiden Name
—

Mother's
Birthplace
—

Name of person giving
in formation
W. N. Wiley

How related
to deceased
Son-in-law

CAUSES OF DEATH

Primary
Heart exhaustion

How long
—

Immediate
—

Are the name, age, sex, color, date
and place correctly given above?
yes

Signature of
Physician
W. N. Wiley
Address
Burrhead Pa

Accident or Suicide?
—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia Percy* Town *Louacoming* County *Allegheny* MARYLAND

Died at *Louacoming* Date of death 190 *2* Month *Dec* Day *20* Age *7* Years *7* Months *7* Days *—*

Sex *Female* Color or Race *White* Birth-place *Louacoming*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *James Percy* Father's Birthplace *Louacoming*

Mother's Maiden Name *Andrews* Mother's Birthplace *Pa*

Name of person giving information *James Percy* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

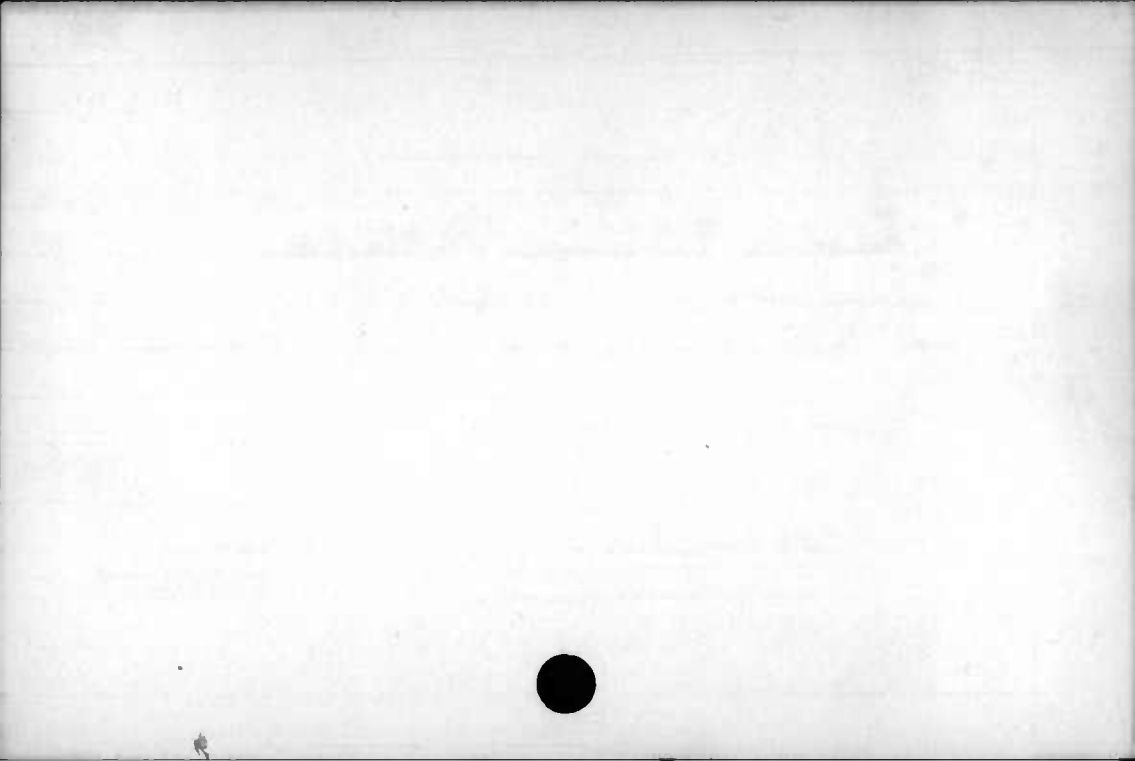
Primary *Anemia* 92 How long *Six months*

Immediate *Capillary Bronchitis* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Killing* Address *Louacoming*

Accident or Suicide? *—*



Town

County

Алла.

MARYLAND

Died at

Husband of
Wife

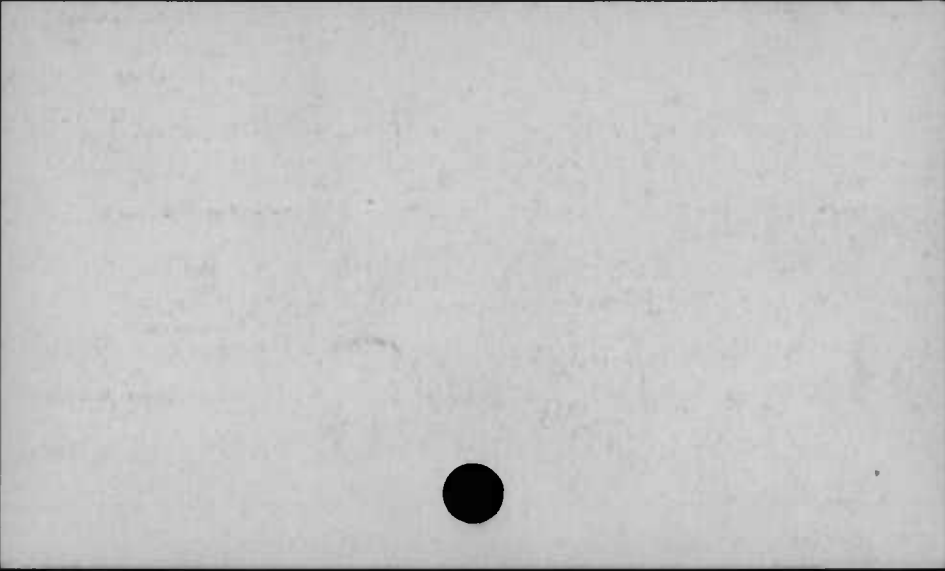
Father's Name R. B. Pettit Mother's Maiden Name Martha McDougall

Cause of	Primary	Diabetes	How long sick	2 weeks
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by E. J. Ryan M.D.

Address Cumbe ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

R. G. Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>4</i>	Age <i>64</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Glenn Town</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Blacksmith</i>			
Name of Wife or Husband					
Father's Name <i>Michael J. Piper</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Ruth Stump</i>			Mother's Birthplace <i>Springfield, Mo.</i>		
Name of person giving information <i>J. R. Piper</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Probably Rheumatism followed by Chronic valvular disease</i>	How long <i>Indefinite</i>
Immediate <i>Loss of compensation (Heart failure)</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. H. Weiner</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide? <i>1</i>	



Name In Full

Certificate of Death

Died at *Unmarried Price*
 Town *Cumbarana* County *Allegheny* MARYLAND

Date 19 *02* Month *12* Day *16* Age *1* Y. M. D. Native of *Cumbar* Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name *Wm Enigma* Mother's Maiden Name *Maud Price*

Cause of Death { Primary *Still born* How long sick
 Immediate *D.* Accident, Suicide, Homicide

Reported by *J. M. Price*
 Address *Cumbar, W. Va.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ernest Priestkorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Dec</u> ^{Month}	<u>31</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumt'd</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Fernand Priestkorn</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Matilda Norman</u>			Mother's Birthplace <u>N.Y.</u>		
Name of person giving information <u>Emma Norman</u>			How related to deceased <u>aunt</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Spear</u>
	Address <u>Cumt'd, MD</u>
★ Accident or Suicide? <u> </u>	

291 Centre St

Name in Full

Certificate of Death

Wm Read

Town

County

Alleg

MARYLAND

Died at *Frederick*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 12-22

Age

7

3

Fbg

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Elmer Coaker

Mother's

Maiden Name

Annie Lewis

Cause of

Primary

Diphtheria

9 w

How long sick

4 weeks

Death

Immediate

Endocarditis, Nephritis

Accident, Suicide, Homicide

Reported by

S. H. Huffer (Convulsions)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

G. M. -

Allegheny

Name
in
Full

David W. H. Robinson

CERTIFICATE OF DEATH

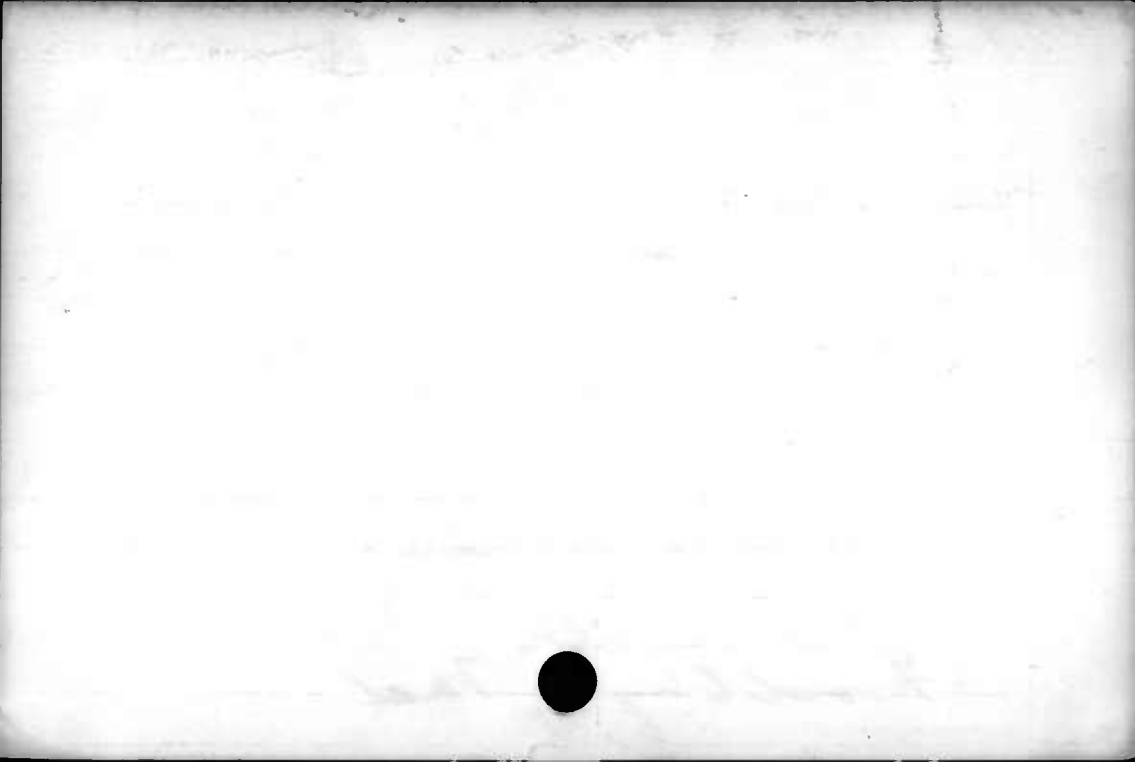
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	<i>Dec</i> ^{Month}	<i>15</i> ^{Day}	<i>14</i> ^{Years}	<i>8</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Midland, Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Samuel Robinson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie K. Korbz</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Mrs. Sarah Robinson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>Four weeks</i>
Immediate <i>In anition</i>		How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Adelberger</i>	
	Address <i>Midland, Md.</i>	
Accident or Suicide? <i></i>		



Town Rowe County Alley MARYLAND
 Died at Frostburg
 Date 1902 Month Dec Day 27 Y. 28 M. 3 D. 26 Native of Germany Occupation House wife
White Married Widow Divorced Female Colon Single Widower Number of children living 2
 Husband of Wm Rowe 1907
 Wife
 Father's Name Mr. Weis Mother's Maiden Name Don't know
 Cause of Death { Primary Pneumeral Septicemia Immediate 30 hours How long sick 30 hours
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
 -4-

C. F. N.
Alley

Bessie Runkles

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12

7

Age

19

Am

Housewife

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Thos J Runkles

Cause of

Primary

Haemoptysis

99

How long sick

not at all

Death

Immediate

Suffocation

~~Accident, Suicide, Homicide~~

Reported by

Jas Jones, M.D.

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edward Schuckles

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Dec

7

Age

20

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

Death

Immediate

Exhaustion

How long sick

5 months

~~Accident, Suicide, Homicide~~

Reported by

Dr B E Miller

Address

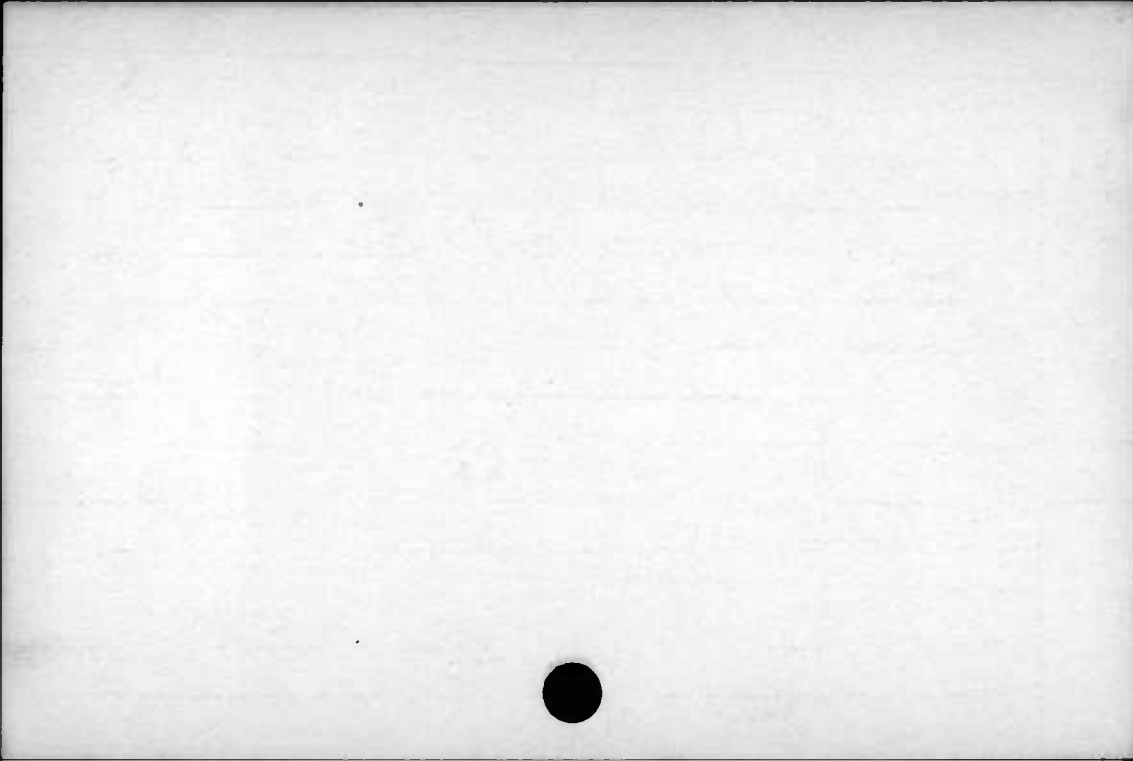
Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Rebecca Shafer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cumberland	County Wegans	MARYLAND		
		Date of death 190		Month Dec	Day 4	Years 70	Months —	Days —
		Sex		Human		Color or Race	White	
		Married, Single or Widowed		Widowed		Occupation	Housekeeper	
		Name of wife or Husband		S. P. Shafer				
		Father's Name		Adam B. Bz		Father's Birthplace	N. Va.	
		Mother's Maiden Name		—		Mother's Birthplace	—	
		Name of person giving information		Mrs. Char. Shafer		How related to deceased	Daughter-in-law,	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pneumonia		How long	9 days	
		Immediate		Exhaustion		How long	24 hrs	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		N. H. Twigg. Cumberland, Md.		
		Accident or Suicide?						



Asreal Socho

Died at Frostburg, Allegany County, MARYLAND

Data 19 02 Month 12 Day 31 Y. 4 M. 7 D. Native of, Polish Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living 4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary Cancer Bowel & Stomach How long sick 6 months -

Death Immediate Accident, Suicide, Homicide

Reported by

Address

Dr Phillips Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert. J. Starr

CERTIFICATE OF DEATH

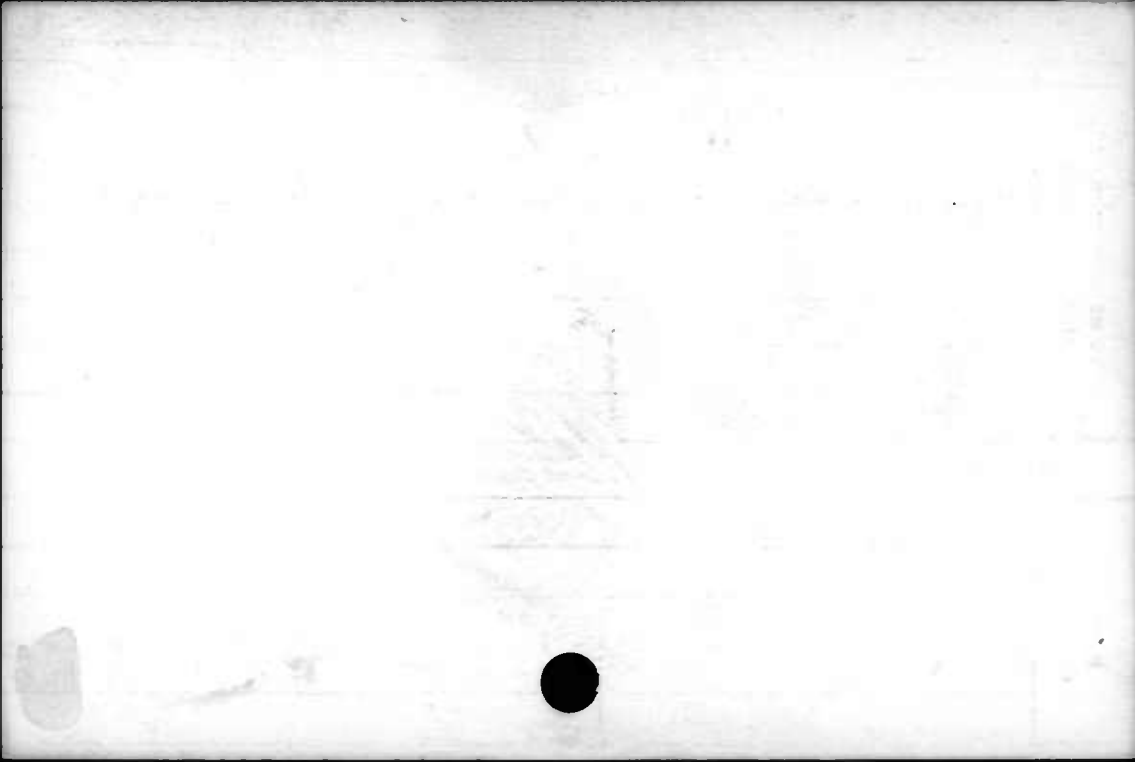
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton.</i>			County <i>allegany</i>			MARYLAND		
Date of death 1902	Month <i>Dec.</i>	Day <i>28</i>	Age Years	Months <i>4</i>	Days <i>15</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Lumberton. Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Chief</i>					
Name of Wife or Husband								
Father's Name <i>Robert Starr</i>				Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Benadine Moody</i>				Mother's Birthplace <i>Md</i>				
Name of person giving In formation				How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>& hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. W. Fowles, M.D.</i>
	Address <i>Lumberton. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

L. F. N.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>			<i>Alleghany</i> <small>County</small>			MARYLAND			
Date of death 190 <i>2</i>		Month <i>12</i>		Day <i>20</i>		Age <i>23</i> <small>Years</small>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>					Occupation				
Name of Wife or Husband <i>—</i>									
Father's Name <i>Bernard</i>						Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>			
Name of person giving information <i>166</i>						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident</i>		How long <i>Sick</i>	
Immediate <i>Shock from amputation</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>		Signature of Physician <i>J. M. Speer</i>	
		Address <i>Cumberland</i>	
Accident or Suicide?			



Name in Full		Francis V. Veltri				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Trostburg		County		Allegany		MARYLAND		
	Date of death 190		2	Month	12	Day	30	Age	Years	Months	Days
	Sex		male		Color or Race		White		Birth-place		Md
	Married, Single or Widowed				Occupation						
	Name of Wife or Husband										
	Father's Name						Polito Veltri		Father's Birthplace		Italy
	Mother's Maiden Name						Margaret Veltri		Mother's Birthplace		Italy
Name of person giving Information						John		How related to deceased			
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Inanition					How long		2 wks.	
	Immediate		151					How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician						
	Address		W. O. M. Lane M.D. Trostburg Md								
Accident or Suicide?											

L. F. Meckel.
Catholic C

Name
in
Full

Isabella Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Strobsburg</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Date of death 1902	Month <i>12</i>	Day <i>23</i>	Age	Years <i>17</i>	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>N. Va</i>
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>John Webster</i>				<i>N. Va</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Mary Webster</i>				<i>N. Va</i>			
Name of person giving information				How related to deceased			
<i>Father</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption & Heart Failure</i>	How long	<i>5 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>WOM Lane M D</i>
		Address	<i>Strobsburg Md</i>
Accident or Suicide?			

C. 4. 71
Aug

Name
in
Full

New Riley Miltard

CERTIFICATE OF DEATH

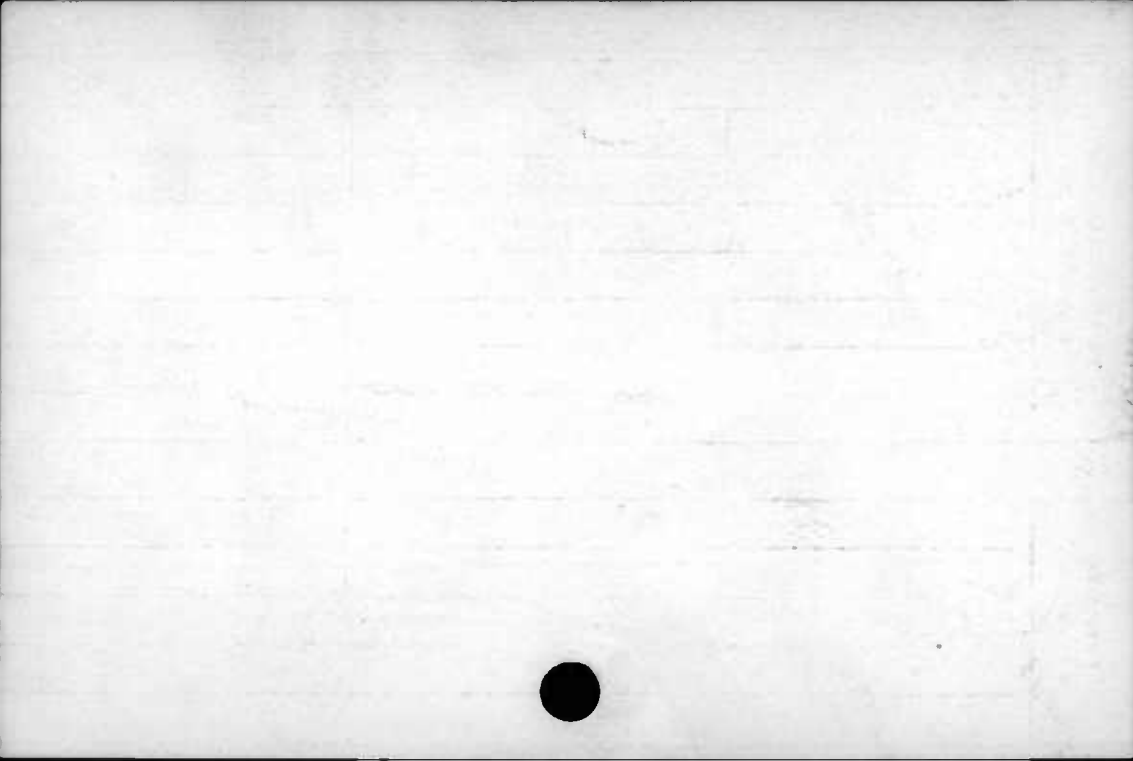
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i> ^{Town}			<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Dec.</i>	Day <i>14</i>	Age <i>32</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lumberton, Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Railroad</i>			
Name of Wife or Husband <i>Bessie Miltard</i>						
Father's Name <i>Lucas Miltard</i>				Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>		
Name of person giving information <i>AB</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>& exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. W. Fowles, M.D.</i>
<i>Q</i>	Address <i>Lumberton, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

MARYLAND

John Weisenmiller
 Town *Cumtob* County *Allegh*
 Date 19 *02* Dec *15* Age *- - 1* Native of *md* Occupation *None*
 Male White ~~Married~~ Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70004



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlethian</i> ^{Town}		<i>Allachamie</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> ^{Month} <i>Dec.</i> ^{Day} <i>30</i>	<i>62</i> ^{Years}	<i>11</i> ^{Months}	<i>24</i> ^{Days}		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Black Smith</i>				
Name of Wife or Husband <i>May Wilson</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased <i>80</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>15 minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. F. L. Chaves</i>
	Address <i>Middlethian Md.</i>
Accident or Suicide?	

L. F. Nichol

Unnamed (Stillborn)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at <u>Cumberland</u>		<u>Allegany</u>			
Date <u>Dec 4</u>	Month <u>12</u>	Day <u>4</u>	Age Years <u>1 day</u>	Months <u>0</u>	Days <u>1</u>
of death 1902					
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband _____					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Italy</u>		
Name of person giving information <u>Rosa Santalucia</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Birth	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Bear
		Address	Cumberland Md
Accident or Suicide?			

